

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002656	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/15/2012
NAME OF PROVIDER OR SUPPLIER EMERITUS AT ARBORWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 430 CLEVELAND RD GRANGER, IN 46530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Licensure Survey. This visit included the Investigation of Complaints IN00107645 and IN00107966.</p> <p>Complaint IN00107645 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00107966 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 14 and 15, 2012</p> <p>Facility Number: 002656 Provider Number: 002656 AIM Number: N/A</p> <p>Survey Team: Sandra Haws RN</p> <p>Census Bed Type: Residential: 56 Total: 56</p> <p>Census Payor Type: Other: 56 Total: 56</p> <p>Sample: 7</p> <p>Emeritus at Arborwood was found to be in compliance with 410 IAC 16.2 in regard to the State Licensure Survey and the Investigation of Complaints IN00107645 and IN00107966.</p> <p>Quality Review 5/16/12 by Suzanne Williams, RN</p>	R 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1